



Permission to Treat a Minor without a Parent/Guardian Present

By law, any child under the age of 18 years old cannot be seen by a doctor without consent from a parent or legal guardian. If the minor arrives with someone other than a parent or legal guardian, we must have written or verbal permission from the parent or legal guardian that this person has been appointed by you to act on your behalf. This form gives any **Redwood Coast Medical Service Provider** permission to treat the minor listed in accordance with the provisions of Family Code Section 6910. This authorization is given pursuant to Health and Safety Code Section 1283.

CHILD'S (PATIENT) INFORMATION:

Name: _____
Last First M.I. DOB

APPOINTED ADULT:

Please list the individual who may give us consent to see your child when you are not present.

Name DOB Relationship to Patient

DURATION: This authorization is valid:

- For any and all medical and dental treatment for one year
- Today's visit only ____ / ____ / ____
- For a specific date range. Please specify _____

LIMITATIONS:

Identify any limitations on the kinds of medical or dental services for which this authorization is given:

AUTHORIZATION:

I request and authorize **Redwood Coast Medical Services** and its personnel to deliver routine medical or dental care as may be deemed necessary or advisable in the diagnosis and treatment of my child listed above. This may include, but are not limited to: medical or dental evaluations, physical exams, routine immunizations, injections, x-rays, and lab work. I also acknowledge that I am responsible for all reasonable charges in connection with care and treatment rendered during this period.

Parent/Guardian Name (please print) DOB

Parent/Guardian Signature Date Signed

IN CASE OF AN EMERGENCY: I can be reached by telephone at _____

If verbal consent is given for a one-time visit, a **Redwood Coast Medical Services** employee must sign here:

Employee Signature Date Signed

2nd Employee Signature Date Signed

